



RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3737

03500.012596.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: S. Shaw
Shigeaki ONO)	
	:	Group Art Unit: 3737
Application No.: 09/933,710)	
	:	
Filed: August 22, 2001)	
	:	
For: BLOOD FLOW MEASURING)	August 3, 2004
APPARATUS	:	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER H3700

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated May 3, 2004, in the above-identified application, Applicant respectfully requests that the application be amended as follows.

AF 61

In re Application of:



Docket No. 03500.012596.1

Shigeaki ONO

Examiner: S. Shaw

Application No.: 09/933,710

Group Art Unit: 3737

Filed: August 22, 2001

For: BLOOD FLOW MEASURING APPARATUS

Date: August 3, 2004

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Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below


CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	MINUS	20	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						\$ 0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in Washington, D.C. by telephone at (202) 530-1010. All correspondence should continue to be directed to the address given below.

Respectfully submitted,


Attorney for Applicant
Melody H. Wu
Registration No. 52,376

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
MHW:ayr
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